

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular		<input checked="" type="checkbox"/>	<u>10</u>	<u>12/21/2017</u>		<u>Acad Superfruit Supply Co.</u>	
Follow-up				TIME IN	TIME OUT	PERMIT HOLDER	
Complaint	<input checked="" type="checkbox"/>		RATING	<u>2:30pm</u>	<u>5:30pm</u>	<u>Acad Superfruit Supply Co.</u>	
Investigation			<u>A</u>	SANITARY PERMIT NO.		LOCATION (Address)	
Other:				<u>17000291</u>		<u>L4-1 New B25 ADA Plaza CTR STE 134/124 173 ASPINAW AVE HAGATNA GUAM</u>	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
<u>DRINK STAND</u>				<u>8</u>	<u>747-4579</u>	<u>1</u>	<u>0</u>
				No. of Repeat Risk Factor/Intervention Violations			
				<u>0</u>			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Supervision						
1	<input checked="" type="checkbox"/> IN	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
Employee Health						
2	<input checked="" type="checkbox"/> IN	OUT	Management awareness, policy present			6
3	<input checked="" type="checkbox"/> IN	OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O		6
5	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O		6
Preventing Contamination by Hands						
6	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O		6
7	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O		6
8	<input checked="" type="checkbox"/> IN	OUT				6
Approved Source						
9	<input checked="" type="checkbox"/> IN	OUT				6
10	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O		6
11	<input checked="" type="checkbox"/> IN	OUT				6
12	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O		6
Protection from Contamination						
13	<input checked="" type="checkbox"/> IN	OUT	N/A			6
14	<input checked="" type="checkbox"/> IN	OUT	N/A			6
15	<input checked="" type="checkbox"/> IN	OUT				6
Potentially Hazardous Food (TCS Food)						
16	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O		6
17	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O		6
18	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O		6
19	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O		6
20	<input checked="" type="checkbox"/> IN	OUT	N/A			6
21	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O		6
Consumer Advisory						
22	<input checked="" type="checkbox"/> IN	OUT	N/A			6
Highly Susceptible Populations						
23	<input checked="" type="checkbox"/> IN	OUT	N/A			6
Chemical						
24	<input checked="" type="checkbox"/> IN	OUT	N/A			6
25	<input checked="" type="checkbox"/> IN	OUT				6
Conformance with Approved Procedures						
26	<input checked="" type="checkbox"/> IN	OUT	N/A			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box; if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Safe Food and Water						
27			Pasteurized eggs used where required			1
28			Water and ice from approved source			2
29			Variance obtained for specialized processing methods			1
Food Temperature Control						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33			Thermometer provided and accurate			1
Food Identification						
34	<input checked="" type="checkbox"/>		Food properly labeled; original container			1
Prevention of Food Contamination						
35			Insects, rodents, and animals not present			2
36	<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
Proper Use of Utensils						
40	<input checked="" type="checkbox"/>		In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
Utensils, Equipment and Vending						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45			Warewashing facilities: installed, maintained, used; test strips			1
46			Nonfood-contact surfaces clean			1
Physical Facilities						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52	<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean			1
53			Adequate ventilation and lighting; designated areas use			1
Documents and Placards						
54			Sanitary Permit, Health Certificates valid and posted			2

Person in Charge (Print and Sign)		Date:
<u>Erika A. Cantara</u>		<u>12/21/17</u>
DEH Inspector (Print and Sign)		Follow-up (Circle one): YES NO
<u>Devin Mitchell EPHO-1</u>		<u>12/31/17</u>

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ESTABLISHMENT NAME ALAI SUPERFRUIT SUPPLY CO.		LOCATION (Address) Lt -1 New B25 AOA Plaza CTR STE 103/104A 173 ASPINAW AVE HAGAHTHA GUAM	
INSPECTION DATE 12/21/2017	SANITARY PERMIT NO. 170002191	PERMIT HOLDER ALAI SUPERFRUIT SUPPLY CO.	

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
TURKEY / REFRIGERATOR	35.5°F		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	AN INSPECTION WAS CONDUCTED ON THIS DAY IN REGARDS TO COMPLAINT NO: (18-024A) NO HAND RESTRAINTS, FOOD NOT PROTECTED, ANTS & FLIES IN PREMISES, FOOD NOT PROPERLY LABELED & DATED. OBSTRUCTED HAND WASH SINK. NO SPLASH GUARD & FRUIT WAS BEING CUT NEXT TO SINK. COMPLAINT WAS SUBSTANTIATED REGARDING FOOD LABELING.	
	THE FOLLOWING VIOLATIONS WERE OBSERVED	
#8	HAND SINK TO SHALL BE PROVIDED IN FOOD PREPARATION AREA LOCATED IN THE STORAGE ROOM. THIS IS TO PREVENT CONTAMINATION OF FOOD DURING PREPARATION	12/31/17
#34	FOOD PRODUCTS NOT LABELED IN FRONT SERVICE AREA/STORAGE AREA. ALL FOOD PRODUCTS SHALL BE LABELED TO ENSURE PROPER IDENTIFICATION.	1/21/18

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) Roke Alcantara	Date: 12/21/17
DEH Inspector (Print and Sign) Darien Mitchell EPHU-1	Date: 12/21/17

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ESTABLISHMENT NAME Arai Superfruit Supply Co.		LOCATION (Address) L4-1 New B25 ADA Plaza CTR STE 103/104A 173 ASPINALL AVE HAJUTNA CTQVM
INSPECTION DATE 12 / 21 / 2017	SANITARY PERMIT NO. 170002191	PERMIT HOLDER Arai Superfruit Supply Co.

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

#36	FOOD PRODUCTS PREPARED NEAR HOT SINK (STORAGE AREA). FOOD PRODUCTS SHALL BE PROTECTED DURING PREPARATION TO PREVENT ANY CONTAMINATION OF DE	1/21/18
#40	UTENSIL KNIVES STORED NEXT TO HAND SINK IN FRONT SERVICE AREA. UTENSILS/EQUIPMENT SHALL BE STORED PROPERLY TO PREVENT ANY CONTAMINATION PRIOR TO USE.	1/21/18
#52	ACCUMULATION OF FOOD PARTICLES UNDER THE THREE COMPARTMENT SINK AREA/FOOD COUNTERS - DINING AREA ALL FOOD PARTICLES SHALL BE REMOVED AS OFTEN AS NEEDED TO PREVENT THE ATTRACTION OF PESTS.	1/21/18
	PHOTOS WERE TAKEN ISSUED "A" PLACARD NO. 02994 DISCUSSED INSPECTION REPORT WITH PIC	

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Person In Charge (Print and Sign)

Date: 2/21/17

DEH Inspector (Print and Sign)

Date: 12/21/17